## DBP Bromide Reporting Form

## Quarterly Reporting Form for Running Annual Average (RAA) for Public Water Systems Using Ozone

PWSID #:	SYSTEM NAME:			
TREATMENT PLANT NAME	<b>:</b>		PLANT ID #:	
DATE:	PREPARED BY:			
<b>AUTHORIZED SIGNATURE:</b>			TITLE:	
Total # of samples taken:	Month 1:	Month 2:	Month 3:	
<b>Bromate Reduced Monitoring:</b>	Yes No			
Check One:1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	
(Due by April 10th)	(Due by July 10th)	(Due by Oct. 10th)	(Due by Jan. 10 <sup>th</sup> )	

	Column A	Column B	Column C	Column D
Month	Year	Monthly Data (mg/L) Bromide Concentration	Quarterly Average (mg/L)	Running Annual Average (RAA) (mg/L)
January	20			
February	20			
March	20			
April	20			
May	20			
June	20			
July	20			
August	20			
September	20			
October	20			
November	20			
December	20			
			Running Annual Average (RAA)=	

Attach Laboratory Reporting Forms for each monitoring period. For months when ozone is not used, enter "NR" in Column B. For lab reporting of "Non-Detect", enter "0" in Cloumn B.